

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
One Boston Pare, Suite Har Parelle Business Address: (Street)	$\frac{305+cn}{y}$ $\frac{MA}{(State)}$ $\frac{03}{(Zip Code)}$
(G17) <u>(133-7255</u> ()	(Fax) e-mail Michael McCary & gmail, Con
III. This statement covers: (Choose one – file separate r reportable expense transactions which are not attributa	eports for each client, OR you may file a separate report for able to any one client).
All reportable transactions occurring in the months price	or to the reporting date relative to the following client:
Nortional Lowertional Em (Full Name of Client as it appears on the	Aloyees Unicon le Lobbyist Registration Form)
<u>OR</u>	,
All reportable transactions by the lobbyist (including the unrelated to any particular client.	e lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 26, 2017  Reports cover: activity from date of registration to 3/31/17	July 26, 2017 D
October 25, 2017	January 31, 2018
V. There have been no fees received and no report if this box is checked, complete just this form and submit it Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you m	
☐ If you have paid an honorarium or reimbursed expense Expense Reimbursement	s, you must file Addendum B Report of Honorediums or
13. If you, your firm, or your family has made political con	ntributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-8, RSA 14-C and RSA 664 a and complete to the best of my knowledge and belief.	nd hereby awear or affirm that the foregoing information is true
The Mc Cong	)/13/1)
(Signature of lobbyist)	(Date) RECEIVED
(Print Name of lobbyist)	HH 1 3 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

JUL 1 3 2017